

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000021446** ✓

1. Corporation Name

EMERALD HEALTHCARE GROUP, P.A.

Principal Place of Business

**490 JAMES RIVER ROAD
GULF BREEZE FL 32561**

Mailing Address

**490 JAMES RIVER ROAD
GULF BREEZE FL 32561**

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90004 021 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1998

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

PO Box 847

Gulf Breeze, FL

32562-0847 USA

4. FEI Number

59-3505536

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**FERGUSON, MICHAEL L ESQ.
4300 BAYOU BOULEVARD
SUITES 12 & 13
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MEADE, JOHN L M.D.**

STREET ADDRESS **490 JAMES RIVER ROAD**

CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **D** ☐ DELETE

NAME **WRIGHT, GARY D M.D.**

STREET ADDRESS **490 JAMES RIVER ROAD**

CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P/C** ☒ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **D/T/S** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **21 Lagoon Dr.**

2.4 CITY-ST-ZIP **Gulf Shores, AL 36542**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

MEADE, JOHN L M.D.

7-1-99

850-916-0272

CR2E034 (5/99)

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